

**Office of the State Board of Education
Rural Physician Incentive Program
Strategic Plan 2009-2013**

Mission Statement

The Rural Physician Incentive Program (RPIP) was established by the Idaho Legislature in Idaho Statute 33-3723-3725 to help attract primary care physicians to underserved areas of rural Idaho. Funding for the Program is generated from a four percent fee assessed to students preparing to be physicians and who are being supported by state funds. While fees are currently being collected, fund disbursements, which can only be made for educational debt directly related to professional schooling, will not begin until approximately 2011. It is estimated that the fund will eventually grow to about \$1.5 million. Disbursements to eligible physicians will be limited to a maximum of \$50,000 over a five year period. Expenses for administering the program cannot exceed 10 percent of the annual fees assessed. The RPIP will be administered by the State Board of Education through an oversight committee established by the Board.

Goal I

Develop the RPIP in preparation for future disbursements under the program

Objective 1

Collect fees and retain interest from medical students supported by the state

Performance Measure

Dollar value of fees collected and interest accrued

Benchmark

100 percent of all required fees and accrued interest will be available for program disbursement or administrative cost specific to the program.

Objective 2

Organize a Board appointed RPIP oversight committee, establish appropriate Board policy guidance and begin ongoing administration of the program by July, 2009

Performance Measure

Oversight committee begins meeting
Board policy approved

Benchmark

Oversight committee begins meeting by July, 2009
Board policy is established and approved by Sept 2009

Goal II

Recruit qualified physicians into the RPIP

Objective 1

Identify qualified underserved rural areas in Idaho and determine availability of community matching funds

Performance Measure

List of qualified Idaho rural communities in order of priority

Benchmark

All qualified Idaho rural communities are identified and prioritized

Objective 2

Establish financial targets

Performance Measure

Dollar amounts will be set to maximize the number of quality physicians that can be recruited and retain in high priority rural communities

Benchmark

Dollar physician debt reduction targets will be competitive with similar programs offered in neighboring states or other Idaho programs.

Objective 3

Effectively market the program to eligible physicians with an interest in living/practicing in rural Idaho

Performance Measure

Number of qualified physician applicants for each position recruited/number of applicants selected

Number/percentage of physicians remaining in practice in rural communities after fulfillment of their loan repayment obligations.

Benchmark

There will be more than one qualified applicant for each position funded
Seventy five percent of physicians remain in their rural community

Key External Factors Beyond Agency Control

- Funding for the RPIP is derived from fees assessed Idaho supported medical students at the University of Washington and the University of Utah. Future funding of the program depends of continued Legislature financial support to these medical students.
- The ability to recruit physicians into rural Idaho depends on the general supply and demand for physicians throughout the country and the availability of other competing incentive programs.
- Statute limits the dollar amount of disbursements to \$50K over five years. Over time these program constraints could reduce the competitiveness of the RPIP.
- The remoteness of some Idaho rural communities may make it difficult to attract qualified physicians to some of these communities, even with a debt payment program.